GANNON, D.

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The Most. Rev. Archbishop George Pell
James Goold House
228 Victoria Parade
EAST MELBOURNE Vic 3002

July 13, 1998

ASSESSMENT REPORT

Re: Fr Desmond Gannon
Date of Birth: 27/8/1929

Reason for Referral

Fr Gannon was referred for assessment by Archbishop Pell because of his sexual abuse of minors. After admitting a number of sexual offences between about 1957 and 1979, Fr Gannon was trialed and sentenced to a year's imprisonment which he served beginning in 1995. After his release further charges for sexual offences were made which Fr Gannon admitted to. He was sentenced to another year's prison which was suspended for two years. Fr Gannon was asked to stand aside from his parish in 1994 and has since then experienced major dislocations in his life.

Dates of Assessment

The 21st, 22nd, 23rd, April 1998.

Sources of Information

1. The historical and contemporary information about the client was supplied by the client in the first instance.
2. Correspondence between the law firm, Cannon and Augustinus, and Professor R. Ball in 1994 and 1995.
3. Assessment report by Professor R. Ball 1994.

Client's Approach

Fr Gannon's co-operation during the period of assessment was open, frank and forthcoming. This co-operative performance may be viewed as a positive indication of his involvement with the evaluation.

Process of Assessment

This included the following elements:

1. A series of clinical interviews to determine the client's psychological state and the presence of any psychiatric disorder including a review of psycho-social and developmental history to discover factors which may influence personality and behaviour.

2. Psychological testing to assess personality, including characteristic ways of viewing the self and the world. Instruments of measurement included the MMPI-2, the Rorschach, and a number of other psychological tests and questionnaires.

3. Medical assessment.

Presenting Problem as Seen by Client

Fr Gannon mentioned that he was following the advice of his Archbishop who was concerned to help him undergo some form of counselling and rehabilitation to minimize the risks of future falls and to bring healing to himself. Fr Gannon acknowledged that he has had a serious sexual offending problem, but he did not think that he needed long-term treatment. He believed that he did not need anybody to help him control his sexual behaviour.

Background

The information presented is considered to be relevant for the purpose of making an informed clinical assessment.

Fr Gannon is the youngest of four children. The eldest was his sister who died in 1981 of a stroke at 65 years old. Next eldest is his brother who is now 81 years old and widowed. Next eldest was his sister who died in 1991 of cancer at 70 years old. There was an eight year gap between himself and his younger sister. Fr Gannon recalled that because his siblings were so much older than himself he was left rather more attached to his mother than to the others in the family. He described his father as a fairly reserved man who was a good organizer and good provider for the family who was determined to help his children avoid suffering the difficulties in life that he had experienced in the depression. He worked his main job on the trams as a grip-man but also worked part-time elsewhere. He provided Fr Gannon with the best education he could afford at the time, and being the youngest, Fr Gannon thought that he received

the best. His father was able to cope well with situations as they arose. At first Fr Gannon thought his father was surprised and perhaps disappointed that he (Fr Gannon) had decided to become a priest, but upon ordination this feeling had changed to 'unbounded joy.' He believes he inherited his father's confidence, ingenuity and readiness to tackle new fields. Although Fr Gannon thought that he wasn't perhaps as close to his father as his siblings were, he felt his father was generous to him and he generally regarded him with awe. His father died in 1963 at 74 years old of a stroke/heart attack having suffered a sad deterioration with Alzheimer's. Fr Gannon described his mother as a very gentle person who had many illnesses when he was

young. But, she was 'always there for him' as a child and youth, and he felt she was proud of him. She taught him to be self-reliant in cooking and in looking after his living needs. Fr Gannon felt he could be himself with his mother and he described how he had been able to sob in her arms at a time of his deepest grief over the death of an esteemed mentor priest. He said he was like his mother in gentleness and hospitality. Fr Gannon recalls discipline in the family as fairly gentle for him. His mother's obvious distress about any of his misbehaviour was sufficient for him to comply.

Fr Gannon's education at school appears to have been normal and enjoyable despite a particularly hard teacher in Primary School.

Fr Gannon was ordained in 1956 after spending a few years studying accountancy and working in banking. He was an assistant priest at first until 1971 when he was appointed parish priest. He held many other responsible positions as a priest including school chaplaincy, hospital chaplaincy, chaplain to scouts and a variety of committee positions at Diocesan level.

Sexual History

Fr Gannon recalled early sexual experience in sexual play with peer boys and girls at about 7 or 8 years old. During puberty at about 13 years old he recalled being attached to one male peer with whom there was mutual penetrative sexual activity on about 6 to 8 occasions. At about 15 years old he attended school socials and had a girlfriend but there were no sexual relationships though he did think that he was in love at the time. Sexual matters were never discussed in his family and his knowledge was derived from his peers. He recalls a single talk given to a group by a rector when he was about 14 years old at secondary school.

Fr Gannon said his sexual offences ranged over the years from about 1957 to 1979, though this last date may stretch to 1981. He said there were about 15 boys with whom he variously formed sexual relationships. He estimated that there were between 51 and 100 boys between 13 to 15 years old that he had touched in a sexual way. The offences included masturbation of boys, sexual fondling and sexual body contact which simulated sexual intercourse. He was able to identify that his victims were

often youth with family problems of one sort or another such as an ill mother or some emotional vulnerability or disturbance. A number of the relationships were quite long-term, lasting for between one and about three years with regular weekly or monthly sexual activity. Although there was some attempted penetration, Fr Gannon says this always failed and that penetration did not occur amongst his offences. He said that early in his priestly ministry he became interested in the problems of pubescent boys with regard to masturbation. He was concerned to understand adolescent development and the onset of the anxiety associated with their sexuality. Unfortunately, he said, it led to closer sexual relations.

Results of the Assessment

Psychological Assessment

Overall View

Fr Gannon shows very significant levels of depression with suicidal ideation. His levels of anxiety and sense of being persecuted are also at high levels. These emotional disturbances have seriously disrupted his capacity to adjust to the demands of his current life. His personality is currently dominated by depressive, dependent, avoidant and self-defeating personality traits.

Fr Gannon's self-awareness and understanding of the nature and origin of his sexual behaviours and of the effects these may have is severely deficient.

In other respects, Fr Gannon is suffering from a number of medical ailments which significantly compound his state of psychological maladjustment.

Personality

Sense of self

Fr Gannon's past high levels of self-esteem and self-confidence have suffered since his prison experience to the point where he feels isolated, alienated, rejected, without love and attention. His deflated self-esteem and sense of humiliation threaten his capacity for autonomy and independence as a person.

Beneath the current despair however, is the sense of a man with a grandiose conception of his capabilities.

Fr Gannon feels misunderstood, unappreciated and demeaned. He anticipates ridicule, and defends himself against this by denigration and scornful dismissal.

Interpersonal Relations

Fr Gannon struggles between his feelings of dependence upon others, and his feelings of guilt and self-condemnation. He wants his dependent needs attended to, but has learnt to anticipate pain and disillusionment. Because of this he is reluctant to 'make a fuss' and hesitant to seek assistance in overcoming his feelings of inadequacy and sadness.

In his depressed state, depreciation of Fr Gannon by others leads him to pessimism, deep brooding, self-pity and a retreat into his fantasy world which obscures the real world.

Fr Gannon is harboring deep and enduring resentments against many of the forces in his world that have had a role in his current predicament. He blames others for problems he has helped to create. He rationalizes his difficulties and denies some responsibility for his actions. In these states of mind he is hostile and irritable. It is the anger and resentment towards various others that disturb his personality and then jeopardize the very contact with caring people that he yearns for. This is a self-defeating cycle he has entered from time to time.

Fr Gannon has shown a manipulative side to his interpersonal relations where he would use, on the one hand, his esteemed status and 'duty of care' to satisfy his sexual proclivities, and on the other hand, use his sullenness, resentment or passive-aggressive stance to have his way.

There are strong finding of low impulse control in Fr Gannon's interpersonal relations both in his personal relationships where his frustration can lead to rage, and in his sexual states of mind where his sexual impulses were satisfied through deviant behaviours.

Management of Anxiety

Fr Gannon's current state sees him vulnerable to impulsiveness and disorganization. Given the high levels of anxiety he experiences his responses tend, on the one hand, to be self-recriminative, and on the other hand, resentful, blaming and denigrating of those others he sees to have contributed to his trauma. In neither of these cases is his state of anxiety adequately managed.

Issues Relating to the Reason for Assessment

Fr Gannon has come some way along the path of realization about the meaning and effect of his sexually abusive behaviours. However, this understanding is only in an incipient phase. He minimizes the offences, shows scant understanding of the emotional consequences experienced by his victims and maintains resentments against his opponents in order to avoid a genuine understanding of the essential nature of their grievances against him. It is clear that sexual needs, and needs for intimacy and

affection, were confounded by him and he was unable to extract himself from an entrenched set of deviant cyclical sexually abusive behaviours. He therefore maintained a deep division in his personality between his sexual needs and his priestly ministry which has never been resolved satisfactorily. This situation suggests strongly that Fr Gannon is still at risk of enacting deviant sexual behaviours.

Spiritual Assessment (by Fr Bill Attard)

In all areas of formal prayer, private devotions, charity, priestly duties and church life, Fr Gannon came across a very spiritual man. He has developed the prayerful habits of a priest and fulfils his obligation to the Divine Office, Eucharist, spiritual reading, retreats etc. without difficulty. He finds the promises of obedience, celibacy and living simply 'easy enough' to keep. He said celibacy/chastity has never really worried him. He admitted becoming 'overinvolved with some kids' and he was proud

that in his last parish he was able to develop friendships with women, and that in recent years he has been free enough to kiss or hug people. There was a sense of some denial. He had a tendency to derail the conversation and stray into his current ailments and his history. In general he was concerned to present himself in a very positive light. Given Fr Gannon's recent history of imprisonment for sexual offences, it is surprising that he would claim that he had no difficulties with celibacy.

Psychiatric Assessment

No formal evidence emerged of major psychiatric illness which could trigger disinhibition and/or foster inappropriate behaviour (that is as secondary phenomena); however the clinical assessment supported the evidence for personality and behavioural problems.

Medical Assessment (by Dr Edward O'Sullivan 21\6\1998)

Fr Gannon has a past history of hiatus hernia with gastro-intestinal reflux complicated by obesity. He has had hypertension, asthma and gout. In 1993 he had an episode of cellulitis complicated by a DVT. More recently he had an operation on his ankle and has developed a staph infection. He also has anxiety and depression. His current medications include Monopril and Aspirin. He has been troubled by the infection in the post operative period. His oesophageal reflux symptom are not a problem and Gaviscon is taken only intermittently. He has no bowel or urinary symptoms. His weight has decreased slightly but he is still a formidable 105 kilo. His asthma is not a problem and he feels that the diagnosis may have been incorrect when it was originally made. He has not played any sport for years because of his osteoarthritis. He has no chest pain or undue dyspnoea. On examination he was markedly overweight. Blood pressure 140/80. Heart not enlarged. Lung fields clear. Evidence of generalized arthritis. Abdominal examination showed obesity but no other particular abnormalities. Results to hand thus far are normal.

Summary and Recommendations

Overall Fr Gannon is suffering from significant levels of depression and anxiety. His level of suicidal ideation has been at extreme levels at times. His feeling of persecution is also at high levels. The emotional disturbances have seriously disrupted his capacity to adjust to the demands of his current life. His personality is currently dominated by depressive, dependent, avoidant and self-defeating personality traits. His resources for coping with the difficulties he is experiencing are insufficient for the task. His coping is too often marked by denial, or resentful denigration and dismissal of people and ideas he experiences as threatening or not to his liking.

Fr Gannon's understanding of the nature, origin and effects of his sexual behaviours is deficient. This deficiency, together with the absence of effective resources in coping with his overall psychological disturbances, means his level of risk for re-offending is a very real concern and needs to be attended to forthwith.

Finally, Fr Gannon is suffering from a number of medical ailments which significantly compound his state of psychological maladjustment.

Given these difficulties it is recommended that Fr Gannon enter into an intensive cognitive-behavioural therapy which targets the sexual issues, enter a personal psychotherapy to assist with his depression, anxiety and support his personal development, and enter group psychotherapy to assist him further with interpersonal issues.

It is recommended that during such a program Fr Gannon not be involved in ministry so that the investigations and growth processes would be able to occur without being confounded by external impingements. This would be reviewed before the end of such a program.

Encompass is able to provide suitable referral for these therapies.

Encompass is able to provide these therapies in the form of an intensive program which runs for six months and provides on-going support subsequent to the program for a number of years.

Yours sincerely,

Ben Nisenbaum

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Psychologist.